

New Jersey Department of Health and Senior Services

**QUARTERLY REPORT
OF RIGHT TO KNOW COUNTY LEAD AGENCIES**

Name of Agency	Quarter <input type="checkbox"/> 1st <input type="checkbox"/> 3rd <input type="checkbox"/> 2nd <input type="checkbox"/> 4th	Year
<p>A. SURVEYS/FACT SHEETS</p> <p>1. Surveys</p> <p style="margin-left: 20px;">a. Right to Know/DHSS (Public Employers)</p> <p style="margin-left: 40px;">_____ (1) Received</p> <p style="margin-left: 40px;">_____ (2) Requested</p> <p style="margin-left: 40px;">_____ (3) Distributed</p> <p style="margin-left: 20px;">b. Community Right to Know/ DEP (Private Employers)</p> <p style="margin-left: 40px;">_____ (1) Received</p> <p style="margin-left: 40px;">_____ (2) Requested</p> <p style="margin-left: 40px;">_____ (3) Distributed</p> <p>2. Hazardous Substance Fact Sheets</p> <p style="margin-left: 20px;">a. Requested</p> <p style="margin-left: 20px;">b. Distributed</p> <p>B. OUTREACH TO EMPLOYERS</p> <p>1. Site Visits</p> <p style="margin-left: 20px;">a. Public</p> <p style="margin-left: 20px;">b. Private</p> <p>2. Phone Calls Made</p> <p style="margin-left: 20px;">a. Public</p> <p style="margin-left: 20px;">b. Private</p>	<p>C. DISTRIBUTION OF RTK MATERIALS</p> <p>_____ 1. Library</p> <p>_____ 2. Health Fair</p> <p>_____ 3. County Event</p> <p>_____ 4. Other</p> <p>D. TRAINING/SEMINAR/WORKSHOPS</p> <p>_____ 1. Training</p> <p>_____ 2. Seminar/Workshop</p> <p>E. LEPC ACTIVITIES</p> <p>_____ 1. Meeting</p> <p>_____ 2. Drill</p> <p>F. INSPECTIONS</p> <p>_____ 1. Public Employers</p> <p>_____ 2. Private Employers</p> <p>G. RTK PUBLIC RELATIONS (Incl. copy of Announcement/ Notice/Press Release)</p> <p>_____ 1. Television</p> <p>_____ 2. Newspaper</p> <p>_____ 3. Radio</p> <p>_____ 4. Other</p> <p>H. REQUESTS FOR INFORMATION</p> <p>_____ 1. Letters</p> <p>_____ 2. Phone Calls</p>	
Other Activities (New Employers Found, Meetings, Etc.) - Give Description:		
Completed By (Print Name)	Title	
Signature	Date	